DR. FAIZAN ABDUL HUSSAIN LAKHDIR

CONSENT FORM FOR BRIDGE / CROWN /PROSTHESIS / FPD (Surgeon's Copy)

Serial No	**Date**	**CNIC / MR No.**
Hospital / Clinic		
Patient Name	**Age**	**Gender**
Address	**Contact No**	
Medical Risk Details		

Important Information Regarding RCT

I understand that a tooth used as an abutment for crown or bridge may be prepared without doing root canal treatment / RCT if the tooth is clinically suitable and vital.

I have been informed that even if the tooth does not require RCT at present, it may develop sensitivity, pain, pulp inflammation, infection, or abscess later. In such a case, RCT may become necessary in the future. This RCT may need to be done through the crown / bridge or may require removal, replacement, or remake of the prosthesis, depending on the condition.

I understand that avoiding RCT at this stage does not guarantee that RCT will not be required in the future.

Consent Statement

I have been informed that I require a crown / bridge prosthesis for the above-mentioned tooth / teeth. The purpose, procedure, benefits, limitations, alternatives, and possible complications have been explained to me in simple words.

I understand that crown / bridge treatment may involve tooth preparation, local anaesthesia if required, impression or digital scan, shade selection, temporary crown / bridge, trial, adjustment, and final cementation.

Possible Risks and Complications:

I understand that possible complications may include:

- Temporary or permanent sensitivity to hot, cold, or chewing
- Pain, discomfort, gum irritation, or food lodgement
- Need for future RCT in the prepared tooth / abutment tooth
- Crown / bridge loosening, fracture, chipping, or debonding
- Shade or shape variation from natural teeth
- Difficulty in cleaning under or around the bridge
- Gum recession, bleeding gums, bad smell, or decay under the prosthesis
- Bite discomfort requiring adjustment
- Failure of supporting tooth / teeth requiring further treatment or extraction
- Need for repair, replacement, or remake in the future

Patient Declaration

I confirm that the procedure, benefits, risks, alternatives, and possible complications have been explained to me. I have had the opportunity to ask questions, and my questions have been answered.

I understand that no guarantee has been given regarding the result. I give my consent for tooth extraction and for the use of local anaesthesia with or without epinephrine/adrenaline as considered appropriate. Surgeon, hospital or staff will not be responsible for any mentioned complications or emergency above.

Patient / Guardian Name	**Patient / Guardian Signature**
Doctor Name	**Doctor Signature**
Witness Name	**Witness Signature**

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